Department
of Health

From Caroline Dinenage MP
Minister of State for Care

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Your Ref: 01620/2016

PFD-1112324

Dr Julian Morris
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22 FEB 2018

Dear Dr Morris

Thank you for your letter of 22 December to Jeremy Hunt about the death of Mr Harold Chapman. I am responding as Minister with responsibility for professional regulation.

I was very saddened to read of the circumstances surrounding Mr Chapman's death. Please pass my condolences to his family and loved ones. I appreciate this must be a very difficult time for them.

It was disappointing to learn that, in Mr Chapman's case, emails sent by Mr Chapman to his clinicians were not viewed or acted upon and no response was received by Mr Chapman. As you point out, patient contact with medical professionals is an important part of modern medical practice, and it is regrettable that this did not work well in this case.

You ask about guidelines in respect of communication between patients and their clinicians. My officials have made enquiries and I am able to advise the following.

The General Medical Council (GMC) develops standards and guidance that doctors need to follow to deliver high quality, safe care. The core professional standards expected of all doctors are set out in *Good Medical Practice* which covers fundamental aspects of a doctor's role, including communication with patients.

Good Medical Practice was published in 2013 and describes what is expected of all registered doctors. All doctors must be familiar with and follow Good Medical Practice and the explanatory guidance. Failure to follow the guidance set out in *Good*

Medical Practice may put a doctor's registration at risk. *Good Medical Practice* is available at www.gmc-uk.org/guidance/index.asp.

The following guidance is given in respect of communicating with patients:

Communicate effectively

31. You must listen to patients, take account of their views, and respond honestly to their questions.

32. You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.

33. You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.

34. When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

www.gmc-uk.org/guidance/good_medical_practice/communicate_effectively.asp

And,

Communicating with patients

132. Wherever possible, you should communicate with patients in a format that suits them. For example, electronic communications – such as email or text messaging – can be convenient and can support effective communication between doctors and patients, with appropriate safeguards.

133. Most communication methods pose some risk of interception – for example, messages left on answering machines can be heard by others and emails can be insecure. You should take reasonable steps to make sure the communication methods you use are secure.

www.gmc-uk.org/guidance/ethical_guidance/30624.asp

In May 2016, NHS England issued guidance for using email and text message for communicating with patients as part of the Accessible Information Standard. Although the guidance is intended to support the use of email and text message as part of communication with people who have a disability, impairment or sensory loss

(in line with the scope of the Accessible Information Standard), the principles are applicable in general.

Relevant passages include:

The parameters of how much contact is conducted by email and / or text message should be agreed, with the service setting clear limits and ensuring that the patient or service user is aware of them. It is likely that the service will wish to limit two-way dialogue via email or text message which risks becoming a 'virtual consultation' and instead direct the patient or service user to make an appointment, for example to discuss test results.

Services, and their staff, should only send emails from generic team accounts (for example diabetes@lgi.nhs.net / oncology@coch.nhs.uk) and established corporate text messaging accounts. This ensures that patients / service users can be confident that the sender is legitimate. Individual staff email addresses should not be used. Use of generic accounts also ensures that emails and text messages can be accessed and actioned by multiple members of staff, providing cover in the event of absence.

It is best practice to acknowledge receipt of an email within 24 hours.

Emails are classed as records and should be retained for the appropriate period of time. Where possible, a copy of the email should be stored in the patient or service user's record. If this is not possible, then an entry should be written into the patient or service user's notes detailing the important content of the email and subsequent actions (for example, blood test dated 24.6.14; results emailed to patient 25.6.14; patient replied asking for outpatient appointment; booked for 1.7.14 at 14:30). This covers the interaction with the patient, and the original emails can be found in the email archive /.system if required.

Further information is available at www.england.nhs.uk/ourwork/accessibleinfo/.

As the communication of, and acting upon, test results was an important aspect of this case, you might also be interested to know the standards the GMC sets for good patient care apply to all aspects of a doctor's decision-making, including their handling of test results and how they communicate with and support their patients. As well as the standards highlighted above, the following passages have relevance here:

- *Providing a good standard of clinical care (paragraph 15)*
- *Ensuring continuity and effective, safe handover of care (paragraph 44)*
- *Establishing a partnership and good communication with patients (paragraph 49)*
- *Supporting patients to self-care including providing information and answering questions (paragraph 51)*

Consistent with these standards, it is expected that the doctor who orders tests as part of a patient's care takes responsibility for following up on the test results and ensures that the results are communicated to the patient in a timely way that meets their need for reassurance and support.

We also expect doctors to be aware and follow clinical guidelines and other standards of good practice that relate to their particular area of work (*Good Medical Practice* paragraphs 11-12). Additionally, in relation to ordering, following up on and informing patients about test results, there is specific guidance from NHS England, the British Medical Association (BMA) and the Royal College of Pathology, all of which address the concerns raised in this case.

In March 2016, NHS England published a set of standards for the communication of patient diagnostic test results when they are discharged from hospital, available at www.bma.org.uk/advice/employment/gp-practices/service-provision/duty-of-care-to-patients-regarding-test-results. The standards describe acceptable, safe practice around how diagnostic test results should be communicated between secondary, primary and social care and also with patients. The intention is to ensure that hospitals take responsibility for their own tests, and this is specified in the first key principle, which states *the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the General Practitioner and patient even if the patient has been discharged.*

The BMA published advice in December 2016 on the duty of care for communicating test results which supports the NHS England standards, and related advice published by the former National Patient Safety Agency.

The Royal College of Pathology published guidance on '*The communication of critical and unexpected pathology results*' (October 2017) which makes clear that:

Pathology providers have a responsibility to put mechanisms in place that allow the identification and rapid communication of critical and unexpected laboratory test results. It would also be expected that pathology providers negotiate with secondary care clinicians, GPs, other members of the clinical team and out-of-hours primary care providers to ensure robust mechanisms are in place so that appropriate action is

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taken following rapid communication of such results. There is also a responsibility placed upon the users of the service to ensure clear requesting instructions, contact information and awareness of self-checking of results once requested, in an appropriate and timely manner. It is also vital that local guidelines are in place, especially in primary care, to deal with patients with critical results.

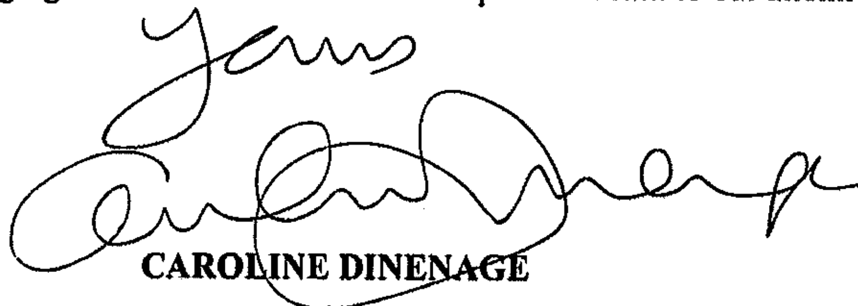
It is essential that the NHS learns lessons where things have gone wrong to ensure it provides safe, high quality care.

My officials have made enquiries with the Barts Health NHS Trust, through NHS Improvement, and I understand that the cardiomyopathy service has taken steps to ensure that email communication with patients is included in the patient's health record. More widely, I am advised the Trust is working to draw up guidelines on the responsibilities of clinicians in relation to email communication with patients.

The Barts Health NHS Trust will respond to your report separately and so I will not include here the detail of the action the Trust has taken in relation to this case. However, I am assured that the Trust conducted a serious incident investigation into Mr Chapman's death and that recommendations from that report are being taken forward to improve practice.

I hope this information is helpful and provides assurance that there is guidance available to clinicians in this area. Where there are concerns about the conduct of an individual clinician, these should be brought to the attention of the GMC as regulator.

Thank you for bringing the circumstances of Mr Chapman's death to our attention.



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